

**Meeting Minutes of  
The Governor's Council on Behavioral Health  
1:00 P.M., Tuesday, July 12, 2005**

The Governor's Council on Behavioral Health met at 1:00 p.m. on Tuesday, July 12, 2005 in Barry Hall's Conference Room 126, 14 Harrington Road, Cranston, Rhode Island.

Members Present: Richard Leclerc, Chair; Carrie Blake, Noreen Mattis, Peter Mendoza, Ron Platt, Elizabeth Earls and Heather Fish.

Ex-Officio Members Present: Kathleen Spangler, MHRH Acting Director; Katharine Lyon, Ph.D., MHRH; George McCahey and Sandy Wood, DCYF; Frederic Friedman, DOC;

Guests: Jill Beckwith, Rhode Island Kids Count.

Staff: Mary Ann Nassa, Corinna Roy and Jocelyn Therien.

Once a quorum was established, the Chair, Richard Leclerc, called the meeting to order at 1:10 p.m.

After introductions were conducted, the Chair entertained a motion to accept the Minutes of June 9, 2005. Carrie Blake motioned to approve the minutes, and Liz Earls seconded the motion. All were in favor, and the minutes were approved as written.

**COUNCIL'S GOALS AND PRIORITIES**

The tabulated version of **ISSUES FOR EXTENDED COUNCIL FOCUS IN UPCOMING YEAR** was distributed (*See Attachment I - Issues for Extended Council Focus in Upcoming Year*), and Corinna Roy updated the Council on its recorded results. Corinna stated that after sending out several requests, approximately 15 people submitted completed forms. Corinna explained that using an excel spreadsheet an average was taken for each of the subcategories and then the overall average was taken with all of the averaged subcategories incorporated. In the event it was left blank, it was automatically rated a three. The issues were then sorted in descending order from the highest overall average score to the lowest.

Richard suggested that the best way to achieve the goals identified would be to consider forming a task force that would evaluate the situation identified and give presentations that would lead to some discussion on that specific issue.

Richard then led a discussion regarding the first six priorities listed and the process which could be taken in achieving some impact in those areas. Richard welcomed any recommendations on Number 8, which was the high scorer.

***8. Evaluation of current discharge planning for clients leaving correctional facilities.***

Dr. Katharine Lyon stated that she was confident that the Department of Corrections would be willing do a presentation on the discharge program. Richard stated that the presentation may lead the council to take some action taken or make a recommendations regarding issues such as gaps in services, or perhaps a link with the community.

George McCahey stated that DCYF could also do a presentation from the Children's Juvenile side regarding the training school and its current discharge planning and new plans for a scattered site. George reported that there are two things going on right now in DCYF. One is an existing link between the training school and the community on adjudicated children who are being discharged

from the training school, called Project Hope, and a whole program redesign that is in the works for the training school itself. Part of that redesign is linking the training school more closely with the children being discharged to the community.

Kathleen Spangler discussed the possibility of a periodic briefing on what is going on between the Department of MHRH and the Department of Corrections around priority populations and some of the work that is being done around community reintegration. Ms. Spangler stated that both departments' goal is to avoid duplicating efforts through information sharing.

Richard Leclerc recommended that the Department of Corrections and the Rhode Island Training School be contacted to set up presentations on the discharge planning efforts that are currently in place.

***15. Support collaborative primary and behavioral health care.***

Richard stated that one of the groups listed in the last column which is addressing these issues is the Allied Advocacy Group which consists of approximately thirty or forty organizations and individuals that meet quarterly to discuss initiatives and efforts that are going on in the field of either behavioral healthcare or primary care that are examples and models for linkages between those two systems. Richard suggested that the first step may be to get a report from that committee and see what role, if any, the Council might play in it.

George McCahey stated Corrine Poseley from the Department of Health is the lead person for the PPEP program also listed in the last column addressing these issues, which provides a link between families involved with DCYF and primary care physicians.

***12. Train law enforcement officers, ER Staff, hospital security guards and other first responders in mental health issues.***

Richard welcomed any suggestions on moving forward with this particular item. Liz Earls stated that the Rhode Island Council of community Mental Health Organizations, DATA and MHRH with have accomplished a lot in this area with financial support from SAMSHA. Liz recommended that a presentation be made by the RI Council along with DATA to the Governor's Council.

***7. Increase support for prison diversion programs, including drug court.***

Richard pointed out that this issue is very similar to Number 8 listed above and questioned if it could be lumped together, although it may be broader than the Department of Corrections or the Rhode Island Training School in that it involves the courts. After some discussion Richard recommended that the Council collect information as to what the status is of the various programs, how effective they are, where the gaps in service may be, and what role the Governor's Council could play in supporting them.

***9. Examine and compile an inventory of the Best Practices in place in Rhode Island's adult and children's behavioral health system.***

Richard suggested that staff may want to take a first cut at identifying an inventory of best practices in the behavioral healthcare system in Rhode Island and present it to the Council.

Noreen Mattis suggested that the Council be a voice for program evaluation, outcome evaluation, universal data statistics and possess the ability to take a look at what is being done across the state and how the dollars are being invested and what the payoff of the investment is. Noreen stated that

she was not suggesting that the Council do that type of examination itself, but that the Council advocate for a universal requirement for program evaluation of publicly-funded programs. Noreen stated that if you want to be credible in behavioral health, you need to be; and if programs do their own evaluation, it is a waste of resources.

Corinna pointed out that there is outcome evaluation and also evaluation to determine if programs are adhering to the tenets of the model they adopt which is called fidelity. Further, she stated that of interest in relation to this particular item is the Transformation Grant which the state will be applying for in the next year. One of the tasks that will be required for that grant is to collect an inventory of services, including evidence-based practices. It is possible that some of the dollars from that grant could be used to help with evaluations although not statewide. Corinna estimates that scientific evaluations cost approximately 25 percent of the overall program budget; consequently, money would be taken away from services. She believes that collecting the inventory is a good idea in order to know what is out there and then to decide to evaluate certain pieces of it.

Ron Platt questioned how to determine what a best practice is. He suggested that we discuss the criteria to be called a “best practice.”

Richard Leclerc suggested the need to identify individuals who can distinguish best practices and provide the Council with information. Richard recommended contacting individuals more nationally known and recognized as well as communication to key individuals in state departments and other organizations regarding best practices related to children’s services, school-based services, behavioral healthcare services, both substance abuse and mental health, and then to compile a list and use that as a starting point.

***11. Increase quality/supply/retention of behavioral health professionals including bilingual/bicultural staff.***

Ron Platt stated that DATA is currently running a program through a grant from the United Way that trains Spanish-speaking Hispanics in substance abuse counseling, that is the first step towards licensure. Richard asked if a subcommittee could be formed to look at this. Richard Leclerc also asked if there would be state incentives for Rhode Island Colleges to train more bilingual staff. Ron Platt stated that they are learning as they proceed by evaluating themselves as they go along. Ron stated that they have recognized the need to start as early as high school and build partnerships with the community colleges to develop a career path and connect with financial incentives in terms of scholarships. He suggested that one way to get kids interested in this career path via providers is through mentored work experiences, scholarship to community colleges and generally creating a career path that goes on into a bachelor’s degree and master’s degree levels. This could also help the kids stay in school until graduating.

Richard requested an actual plan reflecting the program described above that could be shown to the Council. Ron Platt stated that he anticipates providing this with the Rhode Island Council. Ron stated that there is a \$1 million plus grant available right now that he would like to pursue with Elizabeth Earls of the Rhode Island Council. Ron thinks that the grant could be successful because of the experience they possess and their current model which is effective. He stated that ESL needs to be tied into this.

Richard asked if there were any other recommendations.

Kathleen Spangler announced that the State of Rhode Island has been identified to file an application to participate in a Policy Academy on the matter of transitioning children's services to adult services. The participants will include herself, the Managing Director of Health & Human Services; the Director of the Department of Children, Youth and Families; the Executive Director of the Parent Support Network, a consumer member of the adult health care community, the State Medicaid Director, and the Chief Judge of Family Court. There was no further discussion.

#### **UPDATES FROM MHRH**

Dr. Katharine Lyon reported that a new grant writer, Marco Andrade, has been appointed. Dr. Lyon further reported that they are finishing interviews for the Prevention & Planning supervisory position.

Dr. Lyon reported that several cuts were restored in the MHRH budget. She also reported that MHRH qualified for another policy academy in co-occurring mental health and substance abuse treatment issues. Dr. Lyon reported that participants from MHRH, DHS and the community will be going to Philadelphia in September to attend this academy. There will also be a pre-site visit conducted in July.

Dr. Lyon also reported that legislation was passed for the Alcohol Server training programs, and MHRH will be creating and developing those rules and regulations.

#### **UPDATES FROM DCYF**

George McCahey reported that the DCYF budget has been accepted. George also reported that Director Patricia Martinez has been confirmed.

George stated that one of DCYF's concerns is what is going on with the Training School with a major shift in how the Department and the State is looking at Juvenile Corrections and its major change with off-site beds in the training school. It will no longer be a fenced-in major compound. There will be scattered sites representing different levels of clinical intervention based on DCYF's assessment scale. There will be several tiers of services available in a variety of settings moving from a secure setting into a more community-based scattered site setting.

There was discussion around local zoning which may become an issue with the development of this project. George stated that Jay Lindgren will be heading this project and suggested that he be invited to the meeting to discuss its development.

#### **BLOCK GRANT DATA AND EVIDENCE-BASED PRACTICES (EBPs)**

Corinna Roy introduced Jocelyn Therien, who handles the Data Infrastructure grant for mental health and also assists Corinna with the block grant. Corinna distributed a list of descriptions issued from the federal government about evidence-based practices that they have identified (*See Attachment II – Definitions and Instructions*). Corinna stated that the strictest way to evaluate whether or not someone is operating an evidence-based practice is to use a fidelity scale, which is an in-depth, detailed description of how the program is run including tracking things such as the number of staff, number of hours of service and the particular kind of services being provided. Corinna stated that the distributed list is a much less detailed, vague description of the minimal requirements that SAMHSA is requiring for programs to report they are providing evidence-based programs for the block grant application. They are currently asking how many people within the state system are receiving any of the services listed, such as supportive housing, supported employment, assertive community treatment, therapeutic foster care, multi-systemic therapy, and functional family therapy. Corinna and Jocelyn

have been working with provider agencies to determine whether or not they are providing this service to their clients.

Corinna stated that this is a good opportunity to look at the descriptions of what is out there regarding evidence-based practices. She apologized for not having them available for substance abuse. She foresees getting them out in the near future.

Jocelyn explained that these uniform reports are required to be submitted every December in roster form with age breakouts, by gender and race. It has been discussed that diagnosis will be added. Corinna added that it will be required to report this information by 2007.

Corinna stated that there are several national workgroups looking at these definitions and instructions and they are revising the minimal standards.

After some discussion about the anticipated developments of these guidelines, Corinna stated that it is possible that the intent of this is to get providers to recognize which evidence-based practices exist and move towards offering them and having greater fidelity to the models.

### **OLD/NEW BUSINESS**

Corinna Roy reported that because the August meeting of the Governor's Council has been cancelled that the Block Grant application will be distributed via e-mail for review. Corinna stated that its submission date is September 1, 2005. Corinna added that the final run of data for the block grant is not available until mid-August, which creates a tight turnaround time every summer.

Richard Leclerc stated that, if there are no objections, this will be the process for submission with discussion and voting at the October meeting along with recommendations to the Governor.

### **ADJOURNMENT AND NEXT MEETING**

There was no further business. Upon motion made and seconded, the meeting adjourned at 2:40 p.m. The next meeting of the Council is scheduled for **Thursday, October 13, 8:30 a.m. in the first floor Conference Room 126 at the Barry Hall Building.**

Minutes respectfully recorded and submitted by:

Mary Ann Nassa  
Governor's Council Secretary